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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	A-0010US
		First Named Inventor	JANG
COMPLETE IF KNOWN			
		Application Number	TO BE ASSIGNED
		Filing Date	12 FEBRUARY 2002
		Group Art Unit	TO BE ASSIGNED
		Examiner Name	TO BE ASSIGNED

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR ACETIC ACID RECOVERY DURING TEREPHTHALIC ACID PRODUCTION

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input style="width: 100px; height: 20px; border: 1px solid black; vertical-align: middle;" type="text"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	SPENCER S. CHEN				
Address	LAW OFFICE OF SPENCER S. CHEN				
Address	38 DOCKSIDE CIRCLE				
City REDWOOD CITY		State CALIFORNIA	ZIP 94065-1770		
Country UNITED STATES	Telephone 650.595.2299		Fax 708 585 9004		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name JI-YOUNG		Family Name JANG or Surname			
Inventor's Signature				Date	
Residence: City PLANO	State TEXAS	Country UNITED STATES	Citizenship KOREA		
Mailing Address 4701 CHARLES PLACE					
Mailing Address NO. 2532					
City PLANO	State TEXAS	ZIP 75093	Country UNITED STATES		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name HYONG-JIN		Family Name KIM or Surname			
Inventor's Signature	Date				
Residence: City SUNCHEON	State JEOLLANA MDO	Country KOREA	Citizenship KOREA		
Mailing Address KEUMHO APT. 3-405					
Mailing Address 1387 YEONHANG-DONG					
City SUNCHEON	State JEOLLANAMDO	ZIP	Country KOREA		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
KUANG		WU			
Inventor's Signature				Date	
Residence: City	PLANO	State	TEXAS	Country	UNITED STATES
Citizenship					
UNITED STATES					
Mailing Address 5753 YEARY ROAD					
Mailing Address					
City	PLANO	State	TEXAS	ZIP	75093
Country				UNITED STATES	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		Zip	Country

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